

STATE OF RHODE ISLAND
County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____

No. _____
Date _____

ADMINISTRATION PETITION

Respectfully represents that:

Name of Deceased: _____
Name of Deceased

Personal estate estimated at: \$ _____

Resided in: _____
City/Town of Residence

Died Intestate: _____
Date of death

Your petitioner:

Name _____ Relationship to Deceased _____

No. _____ Street _____

City/Town _____ State _____ Zip _____ Phone Number _____

Respectfully requests that:

Name of Nominee _____ Relationship to Deceased _____

Name of Co-Nominee (if any) _____ Relationship to Deceased _____

No. _____ Street _____

No. _____ Street _____

City/Town _____ State _____ Zip _____ Phone Number _____

City/Town _____ State _____ Zip _____ Phone Number _____

or any other suitable person be appointed to administrate.

Deceased left the following surviving spouse and heirs at law: (Indicate any minors or incompetents.)

NAME	ADDRESS	RELATIONSHIP
		(spouse)

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner _____

Date _____

_____ Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name) _____

Notary public signature _____

DECREE

Upon hearing, it is hereby ordered and decreed:

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

are hereby appointed to administrate the estate of deceased upon filing bond.

Bond fixed at: \$

[] With surety

[] Without surety

(if with surety, indicate type)

hereby appointed appraiser of the personal estate of deceased.

Appointed **APPRAISER(s)**: (if different from above)

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Appointed **AGENT(s)**:

Name				Name			
No.		Street		No.		Street	
City/Town	State	Zip	Phone Number	City/Town	State	Zip	Phone Number

Entered as an order and decree of the court on:

Date	Probate Judge
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Attorney of record:

Advertised Dates (or copy of ad)

Name			Bar Number
No.		Street	
City/Town	State	Zip	Phone Number
